**To be submitted in advance of a change in the mission or educational objectives of the school (*Section IV (E)(1), Rules of Process and Procedure, Standards of Accreditation*)*.* When planning to undertake a change of mission or educational objectives, please review the list of the substantive changes that would require a total re-evaluation under *Section IV (D)(9), Rules of Process and Procedure, Standards of Accreditation.***

**GUIDELINES FOR SUBMISSION - PLEASE REVEW PRIOR TO SUBMISSION:**

1. The school must ensure that the **Payment Submission Form** of this application is included and identifies the correct fee amount, check information, and indicates the correct and applicable school(s).

2. The school must provide a response and all appropriate supporting documentation to all items below. The Commission may not process the application and may require a new submission from the school if the application is found to be incomplete.

3. The completed application should not exceed **100 pages** total and should include only the required information. Do not provide copies of the school catalog or information that does not pertain to the items in this application.

4. Prior to final submission of this application, review the entire submission to ensure that all required information is provided, that all intended attachments are included, and that the submission is free of errors and typos.

**ELECTRONIC SUBMISSION FORMAT REQUIREMENTS:**

1. Electronic Submissions may not be transmitted to the Commission via e-mail.
2. The school’s response must be prepared in accordance with ACCSC’s [Instructions for Electronic Submission](http://www.accsc.org/UploadedDocuments/Instructions%20for%20Electronic%20Submission%204%201%202014%20web.docx) (e.g., prepared as one Portable Document Format (“PDF”) file that has been prepared using Adobe Acrobat software (version 8.0 or higher) and which has a .pdf extension as part of the file name). The school will receive an e-mail confirmation that the file has been received within 24 hours of the submission.
3. Please visit the ACCSC website for specific resources and guidance regarding how to successfully complete this application: [Forms and Reports](https://www.accsc.org/Forms-and-Reports/Forms-And-Reports.aspx)-Guidance/Sample Applications.ACCSC encourages the school to review this module prior to submitting this application.
4. Additionally, **do not copy and paste** answers from previous applications.

**I have read and understand the Guidelines for Submission and the Electronic Document Format Requirements set forth above and I further understand that a failure to adhere to these guidelines and requirements will result in either a delay in the processing of or return of this application.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Signature** | **Title** | **Date** |
|  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **School #** | **School Name** | **Type** | | **City** | **State** |
|  |  | Main: |  |  |  |
| Branch: |  |

|  |  |  |
| --- | --- | --- |
| **Contact Person** | **Phone** | **Email** |
|  |  |  |

**I certify that the information herein and attached hereto is correct.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Signature** | **Title** | **Date** |
|  |  |  |  |

**Application Processing Fee**

Please mail a check directly to ACCSC for processing and include a statement identifying the corresponding applications(s). **Note**: Please ensure that the **Payment Submission Form** for this application is included and identifies the corresponding application(s), fee amount, and check number.

* Processing Fee of $1000 per application.

Please note that should an application be deemed incomplete, the school will receive a request for additional information via email. If upon review of the additional information, the application is still incomplete, the school will receive a deferral letter requesting additional information and the school will be assessed a $150 application deferral fee for the submission of the additional information, which must be paid upon the submission of the additional information response.

**Required Supporting Documents**

1. Provide approval from the state (or applicable regulatory agency). If the school requires Commission approval prior to state approval, please provide documentation demonstrating the school is currently recognized by the state.
2. Provide a comprehensive and detailed description of the change of mission or educational objectives including an assessment of need as to why the school is seeking to change its mission or educational objectives.
3. Submit a description of the impact of the proposed change to the mission or educational objectives on the current program curricula of the school to include a description of the underlying capacity to support curricular change and the school’s ability to remain in continuous compliance with accrediting standards.
4. Provide a revised institutional assessment plan and/or strategic plan which describe the school’s strategies and timelines for implementing the Change of Mission/Educational Objectives.
5. Provide a copy of the minutes from meetings held by the board of directors or other governing body in which the proposed changes were discussed.
6. Provide a detailed narrative and plan regarding changes to the capacity and infrastructure that have been implemented to support the new and diverse program offerings.
7. Submit a detailed timeline for any new program applications and implementation.
8. If the school has a separate facility, describe the impact of the proposed changes on the separate facility.

**SUBMIT TO: Executive Director**

**Accrediting Commission of Career Schools and Colleges**

**2101 Wilson Boulevard / Suite 302**

**Arlington, Virginia 22201**

**INSTITUTIONAL DEVELOPMENT: PAYMENT SUBMISSION FORM FOR APPLICATION SUBMISSIONS**

|  |  |  |  |
| --- | --- | --- | --- |
| **School(s) #** | **School(s)**  *(Please list all schools applicable to payment)* | **City** | **State** |
|  |  |  |  |
|

|  |  |
| --- | --- |
| **Application Type(s)**  \**Please refer to attached list for application types* | **Payment Amount(s)**  *(Enter payment amount for each application type)* |
|  |  |

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| --- | --- |
| **Total Payment Amount** | C**heck Number** |
|  |  |

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| --- | --- | --- | --- |
| **Name of contact person(s)** | **Title(s)** | **contact phone number(s)** | **contact email(s)** |
|  |  |  |  |

* **Please submit this payment form with each check payment**.

**Submit To: Operations Department**

**Accrediting Commission of Career Schools and Colleges**

**2101 Wilson Boulevard, Suite 302**

**Arlington, VA 22201**

|  |  |  |
| --- | --- | --- |
| **\*Application Type(s)** | | |
| Application of Hours for Clock Hour Programs | Application for Continuing Education and Avocational Courses | Application for Approval of a Baccalaureate Degree |
| Application for Approval of an Academic Associates Degree | Application for Approval of a Master’s Degree | Application for Approval of an Occupational Associates Degree |
| Application for a Branch Part I | Application for a Branch Part II | Application for a Branch Realignment, Part I |
| Application for a Branch Realignment, Part II | Application for a Change of Location Part I | Application for a Change of Location Part I |
| Application for a Change of Name Part I | Application for a Change of Control Part I | Application for a Change of Control Part II |
| Application for Clock to Credit Hour Conversion | Application for a Distance Education Facility | Application for Initial Distance Education |
| Application for Expansion of Distance Education Approval | Application for a Change of Mission | Application for English as a Second Language Courses |
| Application for a Non-Degree Program | Application for a Satellite Location | Application for a Substantive Program Modification |
| Application for a Substantive Program Modification Addition of Concentration | Modification of Ownership Report | Consortium Partnership Report |
| Distance Education Consortium Partnership Agreement | Facility Expansion Report | Program Modification Report Non-substantive Modification |
| Application for a Baccalaureate Degree – Affiliated | Application for an Associate Degree – Affiliated | Application for a Non-Degree Program – Affiliated |
| Application for a Substantive Program Modification – Affiliated | Application for a Clock to Credit Hour Conversation – Affiliated | Program Modification – Non Substantive Modification – Affiliated |
| Application for use of “University” in the School Name Part – I | Application for use of “University” in the School Name Part – II | Application for a Change of Name Part II |
| Application for a Non-Degree Program with Expansion of Distance Education | Application for Approval of an Associate Degree Program with Expansion of Distance Education |  |